

Assisted Living Advisory Workgroup Meeting
Monday, July 22, 2003
Office of Health Care Quality
Bland Bryant Building
Administration Conference Room
55 Wade Avenue
Catonsville, Maryland

Meeting Agenda

T E N T A T I V E A G E N D A

Sub-Workgroup Meeting: Class "A" Provider 9:00 AM to 10:00 AM

Topics of Discussion: certification of assisted living program managers, service plans, special care units, training and documentation requirements, etc.

Sub-Workgroup Meeting: Assessment Tool 9:00 AM to 10:00 AM

Please note that this meeting to be held in the Long Term Care Conference Room of the Bland Bryant Building located on the campus of Spring Grove Hospital Center.

Full Advisory Workgroup Meeting 10:00 AM to 11:00 AM

- I. Call to Order
- II. Review of Agenda
- III. Review of Meeting Notes from the July 9, 2003, Meeting
- IV. Presentation by the Maryland Board of Nursing on the Delegating Nurse Study Conducted by the University of Maryland
- V. Discussion: Medication Management
- VI. Next Steps
 - Future Advisory Workgroup Meeting Dates

Sub-Workgroup Meeting: Definition of Family 11:00 AM to 12 Noon

Topics of Discussion: definition of Adult Care Homes, required basic health and safety standards, etc.

Adjourn

Meeting Notes

In Attendance

- Carol Benner, Chair
- Dorinda Adams
- Laura Howell
- Ron Jeanneault
- Karin Lakin
- Sharon Olhaver
- Jeff Pepper
- Jill Spector
- JoAnne Stough
- Marie Ikrath

Advisory Workgroup Members Absent

- Lissa Abrams
- Valarie Colmore
- Susan Quast
- Ilene Rosenthal
- Jim Rowe
- Bonnie Gatton
- Stakeholders Present
- Karen Acton, Sunrise Senior Living
- Denise Adams, Maryland Department of Aging
- Mike Banscher, Anne Arundel County
- RaeAnn Butler, Edenton Retirement Community
- Marie Butler-Campbell, Quail Run
- Maribeth Bersani, Sunrise Senior Living
- Paula Carder, UMAB
- Debra Campbell, Montgomery County
- Carol Carnett, Legal Aid Bureau
- Carol Clemmens, Anne Arundel County
- Debbie Dun, Springvale Terrace
- Sister Irene Dunn, Victory Housing
- Darlene Fabrizio, Somerford Corporation
- Izzy Firth, Mid-Atlantic Life Span
- Bonnie Hampton, Charles County
- Mayer Handelman, ASCP and Ocean Pines
- Shirl Hirshauer, Cache House Assisted Living
- Karen Kauffman, Life Passages
- Johnnie Love, Baltimore City Health Department
- Wesley Malin, Hillhaven and HFAM
- Tom Maxwell, Anne Arundel County
- Jean Moody-Williams, Maryland Health Care Commission

- Barbara Newman, Maryland Board of Nursing
- Peggy Rightnour, Howard County
- Joe Podson, Springvale Terrace
- Lew Price, Somerford Corporation
- Cathy Putz, Maryland Board of Pharmacy
- Kendra Queen, Montgomery County
- Bruce Raffel, Catered Living
- Kathy Sarnecki, Maryland Department of Human Resources
- Ann Schultz, Charles County
- Jim Slade, Maryland Board of Pharmacy
- Deborah Tolliver, Anne Arundel County
- Janice Torres, Baltimore City Health Department
- Mark Woodard, Health Facilities Association of Maryland

Guest Present

- Ann Marie Spellbring, University of Maryland

Staff Present

- Lynne Condon, Health Facilities Nurse Surveyor
- Mary Crouse, Health Facilities Nurse Surveyor
- Yvette Dixon, Special Assistant
- Gene Heisler, Deputy Director for Federal Programs
- Kimberly Mayer, Policy Analyst
- Laurena Maxa, Health Facilities Nurse Surveyor
- Valerie Richardson, Assisted Living Program Manager

I. Meeting One: Class “A” Provider Sub-Workgroup

The Class “A” Provider Workgroup was called to order at approximately 9:05 AM. Ms. Benner reviewed with the Workgroup the items that the group has come to a consensus on, and they are as follows:

Consensus Statement: Maryland needs to increase oversight of and accountability through strengthening the regulatory structure for “large” providers.

A. Definition of a “Large” Provider

It was the consensus of the sub-workgroup that the term “large” should be replaced with the term Class “A” Providers. A Class “A” Provider would be defined as an assisted living program that operates an assisted living facility, or multiple assisted living facilities, with a total number of beds equal to or greater than 17 beds.

B. Program Requirements

It was a consensus of the sub-workgroup that the program requirements for Class “A” Providers would include:

- ✓ Full Licensure
- ✓ Annual Inspection Surveys
- ✓ Complaint Investigations

Consensus Statement: Maryland should require awake overnight staff in programs operated by Class “A” Providers. There are demonstrated unique dynamics that exist when aggregating elderly individuals, regardless of their level of care.

Consensus Statement: Maryland does not need to strengthen or increase documentation and service plan requirements for Class “A” Providers. The current regulations provide sufficient guidance to providers and protection for residents.

Consensus Statement: Maryland should require that there be some type of stable, consistent, on-site licensed nursing oversight that is different from the role of the delegating nurse.

The on-site licensed nurse would work in a team relationship with the delegating nurse. It was also the consensus of the sub-workgroup that the following staffing requirements should be required for Class “A” Providers:

- 17 to 25 Beds – An on-site licensed nurse is required for at least 20-hours a week and should be available on an on-call basis;
- 26 to 49 Beds – An on-site licensed nurse is required for at least 40-hours a week and should be available on an on-call basis;
- 50 to 74 Beds – An on-site licensed nurse is required seven days a week, for at least eight hours a day and should be available on an on-call basis;
- 75 to 99 Beds – An on-site licensed nurse is required seven days a week, for at least eight hours a day and should be available on an on-call basis; and,
- 100+ Beds - An on-site licensed nurse is required seven days a week, for at least eight hours a day and should be available on an on-call basis.

C. Certification or Licensure of Program Manager

Consensus Statement: Maryland needs to require that Assisted Living Program Managers of Class “A” Providers be certified by an appropriately represented licensing board.

It was the consensus of the Advisory Workgroup that the Board of Examiners of Nursing Home Administrators should be reinvented to better serve different segments within the long term care industry. The composition of the board needs to be expanded and a new mission defined, i.e., a Board of Examiners of Long Term Care Administrators. This would certify and discipline assisted living program managers in Maryland.

The re-created regulatory board, with appropriate representation, would have the statutory authority to develop, control and enforce examination, education, and practice standards for assisted living program managers; as well as, nursing home administrators and adult day care program managers. It would certify, monitor and discipline assisted living program managers and have the ability to remove certification from those program managers who are determined to be bad actors by the board. The board would also develop curriculum requirements and approve organizations to provide assisted living program manager training.

It was also the consensus of the group that an assisted living program should be at least 21 years of age and possess at a minimum a high school diploma.

D. Special Care Units

Consensus Statement: Maryland needs to require programs that hold themselves out as having Special Care Units notify and submit for approval to the Department of Health and Mental Hygiene a plan that include, at a minimum, the following information: description and scope of services to be provided; how the services will be provided; security considerations; training requirements; activities/recreation; safety precautions; staffing; and medication administration.

Programs would need to file Special Care Unit plans with the Department prior to the implementation of a new program and a grandfathering period would be established for existing programs.

E. Training

The workgroup discussed training requirements; the areas that were identified were as follows:

General training

Dementia training

Medication Administration

CPR

Infection Control

First Aid

Food Handling

Laura Howell, of the Alzheimer's Association, reported that there is an independent workgroup with representation from the Alzheimer's Association, Mid-Atlantic LifeSpan and the Health Facilities Association of Maryland that is in the process of reviewing the training needs of assisted living staff in an effort to develop reasonable standards and

submit legislation for the upcoming Legislative Session. Increased requirements for dementia training are being considered and that the workgroup is sensitive to cost issues. She indicated that the independent workgroup may be able to provide the Advisory Workgroup with a preliminary report by the middle of August.

II. Meeting Two: Assessment Tool

Lynne Condon will report on the activities of the Assessment Tool Subcommittee at the Advisory Workgroup's next meeting

III. Meeting Three: Full Advisory Workgroup Meeting

A. Call to Order and Review of Agenda

The meeting of the Assisted Living Advisory Workgroup was called to order at approximately 10:00 AM and the agenda was reviewed.

B. Presentation by the Maryland Board of Nursing on the Delegating Nurse Study Conducted by the University of Maryland

Ms. Benner introduced Ann Marie Spellbring, PhD, RN, from the University of Maryland School of Nursing. Ms. Spellbring presented to the Advisory Workgroup preliminary results from a study conducted that the University of Maryland School of Nursing under a contract by the Maryland Board of Nursing to evaluate the 45-day interval for delegating registered nurses (DRN) to perform on-site review of medication administration by medication assistants in assisted living facilities. The study was prompted by legislation introduced in 2000 which proposed to extend the on-site review timeframe from 45 to 90-days. The University of Maryland offered participation in the study to any licensed assisted living program that relied on an unlicensed medication assistant to administer medications and DRN providing oversight to the facility. Only 35% of the facilities contacted agreed to participate in the study, with the mean facility in the survey had six to seven residents. The findings indicate that there was verbal interaction between the DRN and the medication assistant between the visit intervals and that a significant portion of the DRN's on-site visit was spent on instruction and reinstruction. The study concluded that the 45-day interval be maintained. It is important to note that the 67-percent refusal rate may have significantly skewed the data and it is unknown what is happening in these programs.

IV. Meeting Four: Definition of Family Sub-Workgroup

The Definition of Family Sub-workgroup was called to order at approximately 11:15 AM. It was reviewed that the sub-workgroup was created because there are many well intended individuals that provide quality care in their own homes, but cannot, and will never, be able to meet the current assisted living program regulatory standards. This is not a resource or a quality of care issue; it is the reality of the situation given the limited educational background of these providers. Therefore, it was the consensus of the Workgroup that a different type of model needs to be developed to address the needs of these providers.

Consensus Statement: Maryland needs to provide flexibility for those individuals who provide quality care to one to three individuals in a family living environment.

It is important to remember that this is a very small segment of the small provider community and is strictly limited to those individuals who care for one to three individuals in the caregiver's primary residence. Moreover, these providers can not employ caregivers on an on-going basis.

In addition, it was noted that payors – such as the Medicaid or Project Home - can place additional requirements on facilities that participate in their programs. For example, the Medicaid Waiver Program requires that facilities be licensed to participate.

A. Definition of a “Family Living Environment”

It was the consensus of the sub-workgroup that a “family living environment” would be defined as an Adult Care Home (ACH) that is a registered home where one to three persons who are dependent, elderly and/or have disabilities, live and receive care and services from a care provider who is not related to them by blood, adoption, or marriage. Persons who live in ACHs and receive care and services are called residents. *The primary caregiver for the residents also resides at the home and is generally the head of the household.* The ACH may receive a government subsidy to care for the resident, if the resident qualifies for the program, or may charge the resident for room and board and minimal services.

B. Program Requirements

It was a consensus of the sub-workgroup that the program requirements for ACH would include some type of structure that would provide for accountability within the home that would include:

- ✓ Home registered with the Department
- ✓ Limited to one to three residents
- ✓ Random Inspection Surveys
- ✓ Complaint Investigations
- ✓ Minimal standards to ensure safety
- ✓ State has enforcement authority if quality of care the resident receives is sub-standard by issuing sanctions, fines and penalties through the administration process, as well as, utilizing the criminal process

The sub-workgroup also discussed the use of health investigators who were not registered nurse to perform walk-through inspection surveys utilizing a health/safety checklist and the need for some type of training requirement.

V. Next Steps and Advisory Workgroup Meeting Schedule

The next steps identified were as follows:

Staff will prepare all of the consensus statements from the sub-workgroups and the Advisory workgroup activities.

Advisory Workgroup and Sub-Workgroup meeting schedule:

- Class “A” Provider (Large Provider) Sub-Workgroup will meet on Tuesday, August 12, 2003, at 9:00 AM in Lobby-Level Conference Room L3 at the Department of Health and Mental Hygiene located in the State Office Complex at 201 West Preston Street in Baltimore City. The sub-workgroup will review consensus statements.
- Advisory Workgroup will meet on Tuesday, August 12, 2003, at 9:30 AM in the in Lobby-Level Conference Room L3 at the Department of Health and Mental Hygiene located in the State Office Complex at 201 West Preston Street in Baltimore City. The Advisory Workgroup will discuss medication administration issues that include training requirements, role of the delegating nurse, role of the pharmacist, the University of Maryland study, etc.
- Definition of Family Sub-Workgroup will meet on Tuesday, August 12, 2003, at 11:00 AM in Lobby-Level Conference Room L3 at the Department of Health and Mental Hygiene located in the State Office Complex at 201 West Preston Street in Baltimore City. The sub-workgroup will review consensus statements and discuss basic health safety requirements for adult care homes.
- Assessment Tool Sub-Workgroup - please contact Lynne Condon at 410-402-8102 for meeting schedule.
- Λεπελ οφ Χαρε Τηρεε Συβ–Ωορκγρουπ ωιλλ μεετ ον Ωεδνεσδαψ, Αυγυστ 27, 2003, ατ 9:00 ιν Λοββψ–Λεπελ Χονφερενχε Ροομ Λ3 ατ τηε Δεπαρτμεντ οφ Ηεαλτη ανδ Μενταλ Ηψγιενε λοχατεδ ιν τηε Στατε Οφφιχε Χομπλεξ ατ 201 Ωεστ Πρεστον Στρεετ ιν Βαλτιμορε Χιτψ. Τηε συβ–ωορκγρουπ ωιλλ διςχυσσ ωηατ α λεπελ τηρεε ρεσιδεντ ισ ανδ ωηατ ρεθυιρεμεντσ α προγραμ σηουλδ μεετ το χαρε φορ τηις τυπε οφ ρεσιδεντ.
- Advisory Workgroup will meet on Wednesday, August 27, 2003, at 10 in in Lobby-Level Conference Room L3 at the Department of Health and Mental Hygiene located in the State Office Complex at 201 West Preston Street in Baltimore City. The Advisory Workgroup will review consensus statements developed by the sub-workgroups and pending items.

VI. Adjourn

There being no further business before the Assisted Living Advisory Workgroup or its sub-workgroups, the meeting was adjourned at approximately 12:30 PM.

Meeting Notes Prepared by: Kimberly Mayer